

INFECTION CONTROL / DIPC
ANNUAL REPORT
April 2004 – April 2005

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Prevention & Control (DIPC)**

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1. Executive Summary

In recent years the profile of Infection Control in the UK has increased, along with public awareness of the risks posed by healthcare associated infections (HCAs). As a result, a number of centrally led initiatives have been launched across the NHS to help combat the problem of HCAI. For example the CMO report Winning Ways (2003), Towards Cleaner Hospitals (Department of Health, 2004), The Matrons Charter (NHS Estates, 2004), Mandatory Surveillance of MRSA Bacteraemias (CMO, 2005) and The NHS Cleaning Manual (NHS Estates, 2004). All promote an increasing emphasis on improved levels of hygiene and more extensive infection surveillance within both the Acute and Primary Care healthcare settings.

The purpose of this paper is to reflect on the achievements of the Infection Control Service within Brent over the last year, and to outline the challenges ahead for 2005 – 6.

To this end, the Infection Control Committee has agreed a work plan for 2005-6 (appendix 4) that not only reflects these national initiatives, but also echoes the importance placed on ensuring that infection Control remains integrated into the Clinical Governance and Risk Management strategies for the tPCT.

2. Infection Control Arrangements

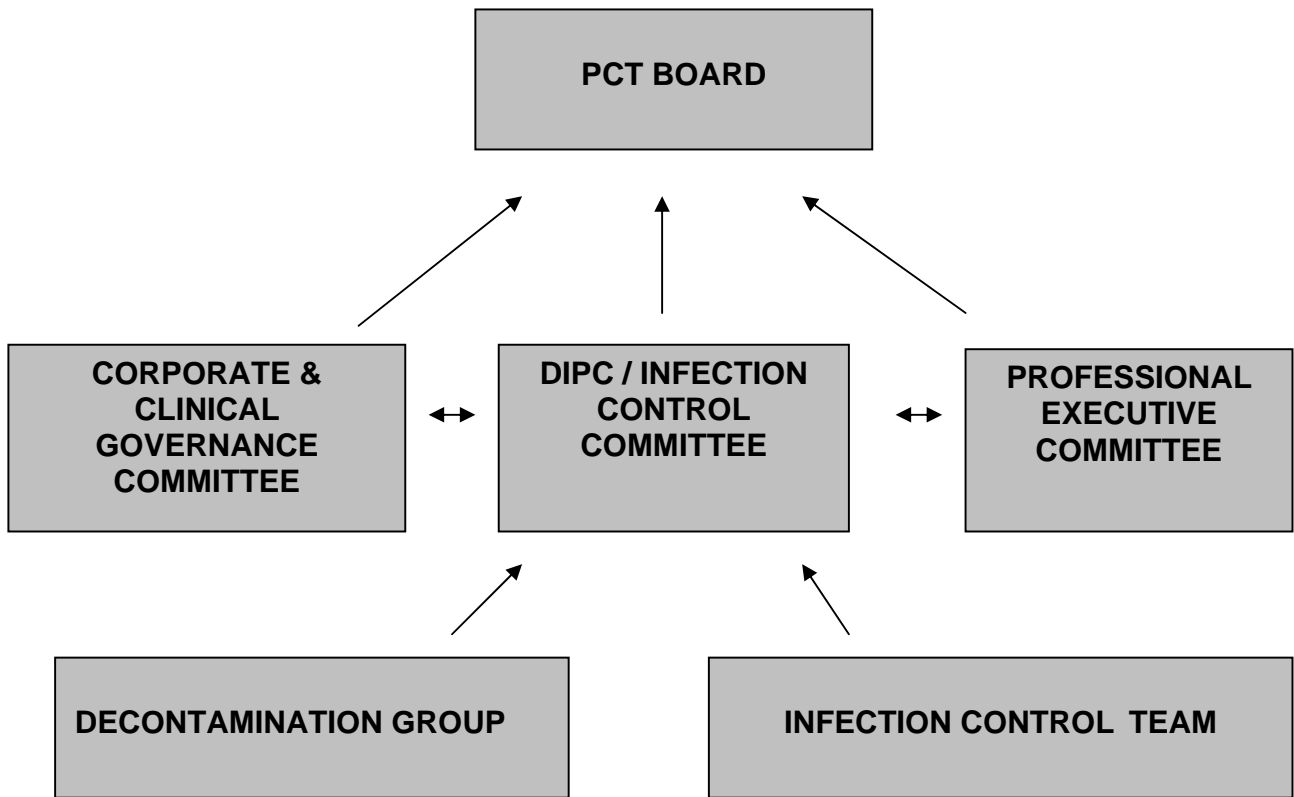
The Infection Control Team (ICT) comprises of the following individuals :

- Judith Stanton – Director of Public Health / Director of Infection Prevention & Control (DIPC)
- Lynn Leaver – Senior Infection Control Nurse
- Vacant Post – Infection Control Nurse
- Dr Shuja Shafi – Infection Control Doctor (1 session per week)

There is currently no allocated administrative support to the ICT.

Accountability for Infection Control within the PCT :

The Infection Control team report to the PCT Infection Control Committee that meets quarterly.



Statement of Purpose for the Infection Control Committee :

- To advise, support and report to the tPCT Board on matters relating to the control of infection that affect the management and provision of services by the tPCT
- To advise the tPCT on infection aspects of Risk Management, Clinical Governance and Controls Assurance
- To agree the annual Infection Control programme of the tPCT
- To commission and approve Infection Control policies and standards (and other tPCT policies with implications for Infection Control), and oversee their implementation within the tPCT
- To commission and approve Infection Control training, audit and microbiological surveillance programmes within the tPCT
- To advise the Clinical Governance Committee and Professional Executive Committee on the regular planned programme of Infection Control

- To produce regular and ad hoc reports on infections and Infection Control within the area served by the tPCT, including an annual Infection Control report
- To provide a forum for discussion and collaboration between tPCT managed and non-tPCT managed services (including local acute health care service providers) in regards to infection issues within Brent

Membership of the Infection Control Committee :

- Director of Public Health / DIPC (Chair)
- Consultant in Communicable Disease Control
- Infection Control Doctor / Consultant Microbiologist
- Infection Control Nurses
- Estates Manager
- Facilities Manager
- Occupational Health Service Manager
- Environmental Health Officer
- Nursing Representative
- General Practitioner
- General Dental Practitioner
- NWLH Trust ICT Representative
- Practice Nurse Professional Facilitator / Representative
- Clinical Governance Representative
- Primary Care Directorate Representative
- Podiatry Lead

3. Infection Control Budget

The total budget is £87,477 which covers Infection Control staff costs only.

4. Health Care Associated Infections

Antimicrobial susceptibility data :

Antimicrobial resistance among bacteria is becoming an increasing problem both in health care settings and in the community. Nearly 80% of antibiotics used in humans are prescribed in the community. It is important therefore to ensure prudent use of antimicrobials in primary care setting. Surveillance data help in assessing the extent of antimicrobial resistance in the community and aid prudent use of antibiotics. Antimicrobial susceptibility patterns among bacterial isolates from primary care are shown below. Trimethoprim has been the choice for initiating

treatment for urinary tract infections before sensitivity results are available. However, our data shows that levels of resistance to amoxicillin and trimethoprim (55% and 33% respectively) among urinary tract isolates means that these two drugs can no longer be recommended for treatment of UTI before culture and sensitivity results are available.

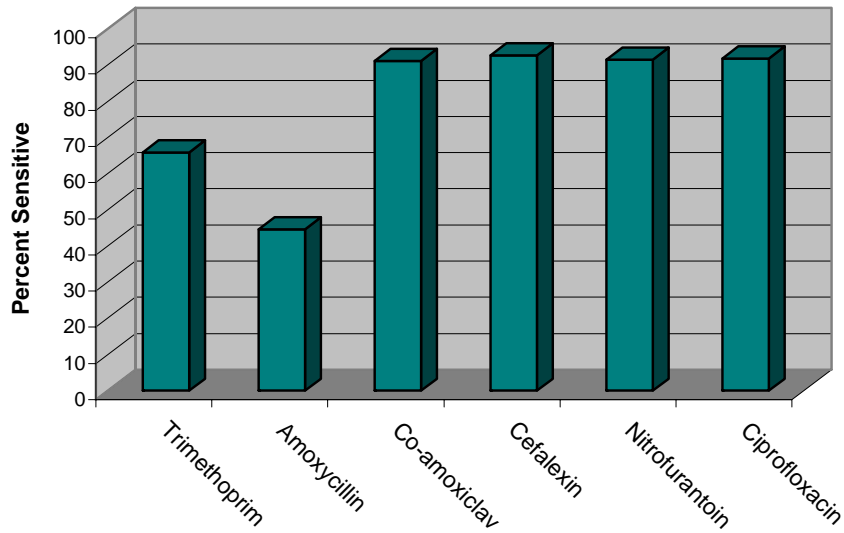
Susceptibility data forms the basis for discussion with general practitioners, pharmaceutical advisors and microbiologists for producing guidelines for use of antimicrobials in primary care after discussion. The consultation process to update the current version of the guidelines is currently underway, and has been extended therefore to Harrow PCT & the NWL Hospitals NHS Trust's Antibiotic Sub Committee.

The data in respect of respiratory pathogens reinforces that erythromycin is not reliable for the treatment where *Haemophilus influenzae* is suspected or confirmed. Similarly amoxicillin has no place in the treatment of *Moraxella* infections. The 10% rate of penicillin resistance among *Strep pyogenes* and *Strep pneumoniae* is consistent with the experience of many other centres and highlights the advisability of discussion with microbiologists when treating these infections in penicillin allergic patients.

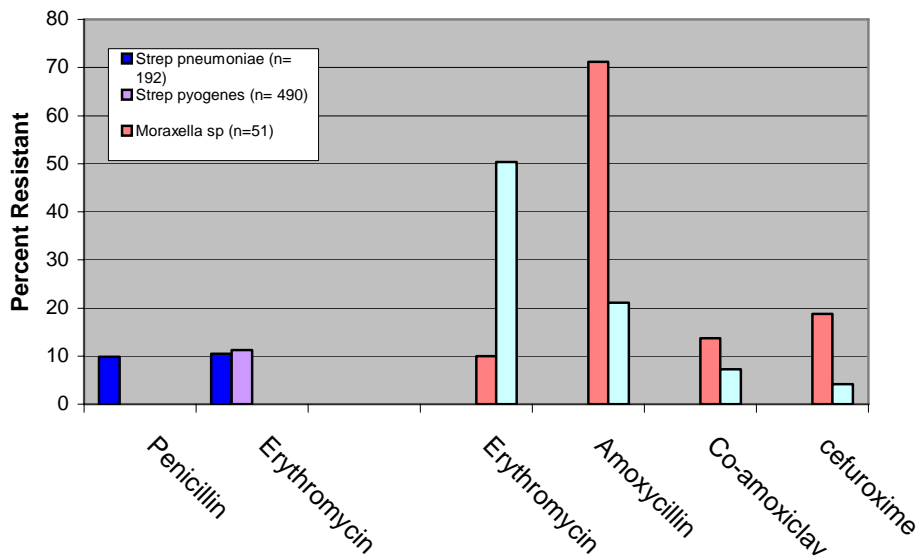
In recent months there has also been an increase in the isolation of multi-drug resistant gram-negative bacteria from patients with no apparent previous exposure to healthcare setting. Information on such organisms will be included in future reports.

The Pharmaceutical Advisers monitor antibiotic prescriptions and trends and feedback information to practices and individual prescribers. From September 2005, this information will be regularly reported to, and reviewed by the Infection Control Committee.

**Antimicrobial susceptibility among Primary Care Urine Isolates
(‘coliforms’) Jan to June 2004**



**Antimicrobial susceptibility among Primary Care Respiratory
Pathogens - Jan to June 2004**



Surveillance:

Quarterly Health Care Associated Infection (HCAI) reports are soon to be provided to the PCT Board by the Infection Control Team. These reports will include local MRSA bacteraemia rates with trend data, any infection issues being experienced within in the PCT bedded areas and local Acute sector, as well as prevalence of other HCAI's such as multi drug resistant gram negative bacteria.

A Brent and Harrow MRSA group has recently been established with Brent tPCT, Harrow PCT, NWLHT and NWL HPU all represented. The purpose of the group is to establish a co-ordinated and cohesive approach to the management and surveillance of MRSA across the local health economy. A draft work plan is currently being developed, with a focus on improved local MRSA surveillance which can then inform a review of the local MRSA policies on MRSA management and prevention. Patient transfer policies, shared patient information and staff training regarding MRSA are also under discussion within the group.

Incidents :

During the year 2004 - 5 the tPCT bedded services experienced one serious incident. This was a prolonged outbreak of *Clostridium difficile* diarrhoea across 2 Older Peoples Rehabilitation wards at Willesden Hospital. Over a 4 month period a total of 26 patients were affected. A root cause analysis process was followed to investigate the incident. However, this investigation did not identify any one singular causative factor. Whilst it is clear that each of the three peaks in the number of cases over the 4 month period had been preceded by the transfer of symptomatic patient/s from the local Acute Trust, it is also clear that some cross-infection has also then occurred within Willesden Hospital. The most significant root causes for the incident were identified as :

- Inadequate communication between NWLH ward staff and tPCT ward staff
- Inadequate pre - transfer assessment and handover of patients
- Significant use of antibiotics in some patients prior to transfer (particularly cephalosporins - known to be a particular risk factor for *Clostridium difficile* infection)

As a result of the investigation a detailed action plan was developed and implemented. The Older Peoples Service have now moved into new premises at Willesden Centre for Health and Care where the number of available side rooms has significantly increased. In conjunction with continually improving standards of clinical practice in Infection Control, it is predicted that these improved premises will facilitate the management and isolation of infectious cases in the future.

(The full outbreak report is available from the Infection Control Team).

The Infection Control Committee will now also be formally reviewing all Infection Control incident reports on a quarterly basis. This will include data provided by the Risk Manager regarding incidents such as needlestick injuries and bites etc.

5. Hand Hygiene and Aseptic Protocols

As the National Patient Safety Agency "*clean your hands*" project has yet to be extended to Primary Care Trusts, Brent ICT organised its own local campaign over a four week period at the beginning of 2005. This project included trials of alcohol hand gels, hand hygiene audits, staff quizzes, poster displays across the tPCT, development and distribution of leaflets to all staff, audits of hand hygiene facilities on PCT sites, and a series of road shows (see Appendix 1)

The Infection Control Team has also provided significant input to a multidisciplinary group in the PCT developing an Enteral Feeding Policy based on recent NICE guidance. This policy has recently been ratified and launched across the tPCT. Within the next 2 months an audit will be organised to assess the implementation of this policy, with particular focus on the areas of significant change in practice.

Wound care guidelines have also been produced and launched this year with Infection Control input.

An area of aseptic practice where the tPCT has yet to develop evidence based policy and identify staff training requirements, is that of intravenous care. For this reason a working group (led by the District Nursing Facilitator) has recently been established to address these issues and investigate available training. Infection Control is represented within the membership of this group.

Urinary Catheter Care policies will be due for review next year. A one hour Infection Control session is included in all training provided by the tPCT Continence Team.

In addition, during 2004-5 the Infection Control Team has continued with its ongoing programme of Infection Control policy development and review (see summary - appendix 2). Policies that have recently been ratified include the Policy for the Management of Exposures to Blood and other Body Fluids that was reviewed in collaboration with the Occupational Health Department.

6. Decontamination of Reusable Medical Devices

In March 2004, Brent tPCT agreed a 3 year strategy for the sterilisation of instruments in preparation for legislative changes that are due to come into force from 2007. The PCT also at that time committed to the North West London

Decontamination project. This sector wide collaborative project will ensure that by 2007, Medical Devices Directive (MDD 93/42/EEC) compliant central sterilisation services will be widely available within the NWL sector including Brent.

However, during the interim period, central sterilisation services are being tendered for the PCT Podiatry Service. Whilst dependent on the success of the tender process, it is anticipated that the phased introduction of central sterilisation of instruments in tPCT directly managed services will commence from November 2005. It could then be made possible for General Practices to access the contract in preparation for 2007. In the meantime, a number of improvements in local sterilisation processes have been made within the tPCT Podiatry Service. All Podiatrists have received training in decontamination within the last several months. Although decontamination training has been available to General Practice staff, numbers of these staff attending has significantly reduced this year. This has been identified as a priority area to be addressed during the coming year. However, one area that has yet to be successfully remedied is the lack of test and service contract for PCT ultra-sonic cleaners (in accordance with HTM 2030 – NHS Estates). This has been costed and put forward as a cost pressure for the PCT.

In addition a survey of decontamination within General Practices in Brent is due to be undertaken in July and August 2005 in collaboration with the North West London SHA Decontamination Project Team. The purpose of this survey is to assist in identifying the most appropriate way forward for practices in regards to instrument sterilisation in order to achieve compliance with the new legislation from 2007. For example a smaller practice may find it more cost effective and more practical to change to the use of metal disposable instruments rather than access a central sterilisation service. The survey is also designed to identify the potential capacity required by Brent GPs for future central sterilisation within the sector. The tPCT audit team have been involved in the planning of this survey. The data collected in Brent will then be used by the NWL Decontamination Project team to predict potential capacity requirements across the sector.

The tPCT has also recently established a Medical Devices Group to consider decontamination issues within the management of medical devices. Whilst led by the Risk Manager, Infection Control representation is included in the membership of this group.

As can be seen a significant proportion of Infection Control resources are currently being spent managing decontamination issues. In order to co-ordinate all of this activity, the tPCT Decontamination Group has recently been re-established. This group reports to the tPCT Executive Decontamination Lead / DIPC via the Infection Control Committee. The purpose of this group is to advise the tPCT on all matters relating to decontamination of re-usable medical devices. (See appendix 3 for terms of reference / membership / reporting arrangements).

7. Cleaning Services

The Infection Control Team continue to work closely with Eurika, the third party provider for cleaning services at Willesden Centre for Health & Care. All Eurika staff have received Infection Control training from the tPCT over the last year, and a trial of steam cleaning at the new centre is currently being undertaken. Microbiological sampling to test the use of steam cleaning within the centre including the bedded areas, is currently being carried out. A recent evaluation of cleaning methodologies has also taken place in conjunction with Eurika. Monitoring of the contract currently takes place monthly on an informal basis between the Willesden Administration Manager and Eurika. However, it is anticipated that more formal arrangements will be put into place as part of the current management restructuring within the tPCT.

In order to address issues of cleanliness within all other tPCT sites where the in-house cleaning service is provided, the PCT Environmental Cleaning Working Group has been re-established during the last year. Chaired by a representative from the shared Facilities Department, the initial focus of the group has been to develop a robust, up to date policy for environmental cleaning that is based on recent documents from the Department of Health such as *Winning Ways* (2003), *Towards Cleaner Hospitals and Lower Rates of Infection* (2004), *The NHS Cleaning Manual* (2004), *A Matrons Charter* (2004), and finally *Revised Guidance on Contracting for Cleaning* (2004). This is currently in final draft form and work is now commencing to cost the implementation of this policy. This will include a review of general staff training requirements, arrangements for laundry of examination curtains, evaluation of floor plans for each site in order to evaluate allocation of cleaning resources, production of cleaning schedules for each site, as well as the development of improved systems for the monitoring of standards of cleanliness.

During 2004-5 the tPCT was required to carry out Patient Environment Action Team (PEAT) assessments of both Kingsbury and Willesden Hospitals. Assessments were led by the shared Estates and Facilities Department and the scores achieved and later submitted to the Department of Health for these assessments were as follows :

Kingsbury Hospital - Overall score "Excellent" (Environment 95%, Food and Food Service 91%, and Privacy and Dignity 92%)

Willesden Hospital – Overall score "Acceptable" ((Environment 65%, Food and Food Service 71%, and Privacy and Dignity 89%)

However it should be noted that the Willesden Hospital assessment was performed prior to movement of services into the new premises.

A process of annual informal internal PEAT inspection is also being carried out at all other non-bedded sites within the tPCT. A detailed action plan designed to improve

the patient environment with a particular focus on cleanliness is therefore generated for each site. An Infection Control representative is included within each of these inspections across the PCT.

8. Audit

A number of Infection Control audits have been carried out over the last year. These have included :

- Microbiological effectiveness of hand hygiene technique in approximately 50 staff in the bedded areas at Willesden Hospital, Podiatry Service and Phlebotomy Service.
- Hand hygiene facilities on each tPCT site
- Environmental audits carried out in each clinical area at Kingsbury Hospital.

Targeted action plans have been produced in discussion with relevant managers and are currently being followed up. Priority areas for audit within the coming year have been identified as :

- Infection Control within the Podiatry Service (including local decontamination processes)
- Sharps safety
- Uniform usage in healthcare staff in the community

9. New Premises

Infection Control input continues to be provided for all new premises under development within Brent. Standard Infection Control requirements for new premises have been developed and agreed for all LIFT projects. Draft guidance on the tPCT Infection Control requirements for new premises and refurbishments has been produced and awaits approval by the Infection Control Committee. This guidance amalgamates national standards from NHS Estates as well as other national professional bodies such as the Infection Control Nurses Association and the Society of Chiropodists and Podiatrists.

10. Training Activities

Throughout 2004 –5 staff education remained a core function of the Infection Control Team. During this period a total of approximately 560 Brent staff (all staff groups) received Infection Control Training, provided via a combination of training methods ie presentation and interactive group work etc.

Course Title	Length of IC Course	Staff Groups	Number Attended
Introduction to Infection Control (Organised via PCT L&D Dept)	3 ½ hours	All PCT & General Practice staff (clinical and non-clinical)	199
Decontamination of Re-usable Medical Devices (Organised via PCT L&D Dept)	3 ½ hours	All PCT & General Practice staff (clinical only)	107
Primary Care Nursing Course – Decontamination Session (TVU)	3 ½ hours	Practice Nurses	32
Urinary Catheter Care (Organised via PCT Continence Team)	1 hour	All PCT & Nursing Home staff	60
NVQ in Health & Social Care Course (Organised via PCT L&D Dept)	1 day	Care Assistants	41
Brent Education Service (Prior to handover of service to NWL HPU)	1 day	School teaching & welfare staff (Special School)	66
Pre – Registration Nursing Course (TVU)	1 hour	Nursing students on placement to PCT	40
Infection Control in Care Homes (NWL HPU)	2 hours	Care Home staff	30
TOTAL			575

All training was evaluated using the standard tPCT Learning and Development Department evaluation tool. Approximately 95% of participants evaluated the sessions as between “very good” and “excellent”. However, on reflecting on course evaluations, future training activities have been reviewed. For the coming year, the “Introduction to Infection Control” and “Decontamination of Reusable Medical Devices” sessions will be amalgamated into a full one day course, and will be included at the end of the Trust Induction Programme available for all tPCT and contracted staff. This will also be accessible to those existing staff who have not received Infection Control training to date. In addition, shorter 2 hour sessions will be provided as an update for those staff who have received Infection Control training within the past 2 years.

In addition to the above all new tPCT and GP staff attending the tPCT induction course receive one hour of training in regards to sharps safety and management of exposure incidents from the Occupational Health Department.

With the tPCT having assumed responsibility for most GP direct referrals for phlebotomy services within the last year, there will also soon be Infection Control input into the phlebotomy course that is being organised via the tPCT Learning and Development Department.

However, whilst the importance of staff training is recognised, it is also acknowledged that training alone will not necessarily improve practice. For this reason, the Infection Control Team are not only aiming to implement a more effective targeted system for advertising Infection Control courses, but will also be looking towards working with the Audit Department to reflect on the efficacy of training provided. In the meantime staff groups that have been identified for targeting are temporary staff via the tPCT Bank, non-clinical staff working in patient areas, and contracted staff.

11. Targets and Outcomes

In 2005 Brent tPCT successfully achieved level 1B of the NHS Litigation Authority's Risk Management Standard for PCTs. Within this assessment Infection Control scored 83%, thus complying with the required minimum score of 75% per criterion. During this process the assessors noted Infection Control as being one of the tPCT areas of good practice, particularly in regards to "local initiatives, training and committee structure".

Progress against the locally produced work plan for 2004 – 5 is highlighted in appendix 4. As can be seen, several areas such as review of antibiotic formulary are ongoing and have been carried over to 2005-6.

A detailed work plan for the coming year 2005 - 6 has been approved by the Infection Control Committee and is included in appendix 5. This work plan has been informed by a number of local priorities and national initiatives as well as this year's assessment against "Standards for Better Health". This is an ambitious programme particularly given the limited resources of the Infection Control Team. However, key areas for the service for the next 12 months will include recruitment into the recently vacated Infection Control Nurse post, improved compliance with national standards for decontamination of re-usable medical devices, improved sharps safety and sharps injury reporting amongst tPCT and contracted staff, as well as improved healthcare associated infection (HCAI) surveillance.

APPENDICES

Appendix 1

Brent tPCT Hand Hygiene Campaign 2005

Background

Healthcare associated infection leads to approximately 5,000 patient deaths and costs the NHS £1 billion per year. Studies have shown that infection rates can be reduced by 10 to 50% when healthcare staff regularly wash their hands. However, research has also revealed that staff commonly only wash their hands half as many times as they should, and often have a poor or ineffective technique. Many clinical studies have therefore focussed on methods of improving this area of clinical practice. In recent years the provision of alcohol hand gel in particular has been shown to increase compliance with hand hygiene by up to 50%.

Campaign Activity

As the National Patient Safety Agency "*clean your hands*" project had not yet been extended to Primary Care Trusts, Brent Infection Control Team organised its own local hand hygiene campaign running over a four week period at the beginning of 2005. This initiative was designed to raise awareness to the importance of hand hygiene and the use of alcohol hand gels amongst both clinical and non-clinical staff across the tPCT. The following activities were organised by a multi – disciplinary group consisting of representatives from a number of professional groups and localities :

- Development of a hand hygiene leaflet disseminated to all tPCT employed and contracted staff.
- Audits of microbiological efficacy of hand hygiene technique amongst clinical staff. In total 42 staff took part from podiatry, phlebotomy and bedded services at Kingsbury and Willesden Hospitals. The fingertips of clinical staff were plated on blood agar before and after a normal hand washing procedure using liquid soap. Each member of staff was provided with a digital photograph of the plates following incubation and given an assessment on the efficacy of their hand hygiene technique based on levels of bacterial growth.
- Alcohol hand gel trials. Each of the three hand gels available from NHS Supplies were trailed for a week by approximately 90 staff from a variety of different services and disciplines. Each member of staff completed a questionnaire regarding the number of times they used the product per day, whether the dispenser was user friendly, whether the product had any detrimental effect on the skin and whether it was pleasant to use.
- Three road shows were organised for staff giving them the opportunity to practice their hand washing using the ultraviolet light box, be given samples of the recommended alcohol gel, have an Occupational Health Department

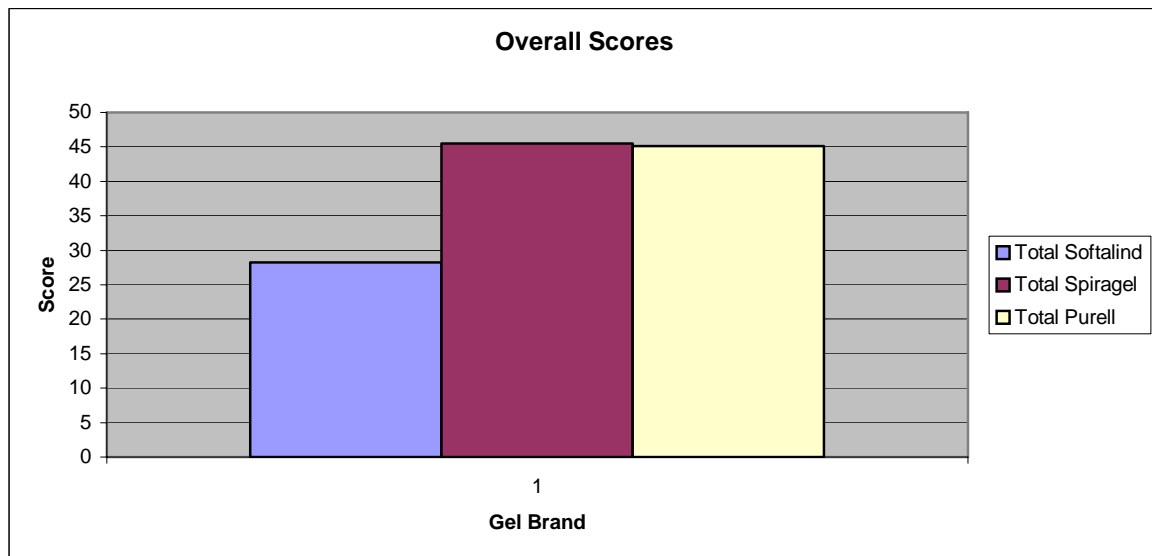
skin assessment, and take part in a staff quiz. The profile of the campaign was further improved by the attendance of Paul Boeteng (MP) at the final road show.

- Hand hygiene session provided to children within the tPCT staff crèche.
- Visits to professional forums to promote the importance of hand hygiene, provide samples of the recommended alcohol hand gel, and give staff the opportunity to practice hand washing using an ultra-violet light box.
- Provision of packs of display material to all tPCT and General Practice sites. This material included posters, leaflets, and badges.
- Audits of hand washing facilities performed by Site Managers on each tPCT site.

Summary of Results

Feedback from staff indicated that the campaign had been a great success, with a significant amount of enthusiasm shown by a number of staff. Approximately 200 staff attended and took part in the road shows.

- **Alcohol Hand Gel Trial :**



Although two of the three products tested scored similarly, Spirigel alcohol gel did have a slight advantage ie staff tended to prefer its consistency and felt that it was less drying on their hands. For these reasons, it was felt that staff would be more likely to use the product for rapid hand decontamination. Spirigel wall dispensers have now been installed throughout the bedded areas of the PCT, and the use of the Spirigel hand held / pocket dispensers promoted for all clinical staff.

- **Audit of hand hygiene technique :**

A total of 42 clinical staff took part in the audit.

Microbial growth prior to hand washing :

Skin Flora Present	42 (100%)
Gram-Negative Contaminants Present	10 (24%)

Effectiveness of hand washing technique :

Very good hand washing technique (ie significant reduction in bacterial load)	17 (41%)
Satisfactory hand washing technique (ie some reduction in bacterial load)	14 (33%)
Poor hand washing technique (ie no reduction in bacterial load)	11 (26%)
TOTAL	42 (100%)

As expected all staff hands were contaminated with normal skin flora. However, almost one quarter were found to culture gram-negative contaminants also. Despite this, only less than one half of the staff audited were found to have a very good, effective hand washing technique.

- **Audit of Hand Washing Facilities on tPCT sites :**

A total of 115 hand wash basins were audited over 11 sites.

CRITERIA	% OF BASINS WHERE CRITERIA ACHIEVED
Elbow / wrist operated taps available	80%
Comfortable water temperature	96%
Basin free from clutter	82%
Basin only used for hand hygiene	75%
The basin does not have a plug or overflow	63%
Basin and taps observed to be clean	87%
Appropriate foot operated waste bin available and in good working order	74%
Liquid soap dispenser available	97%
Liquid soap available	97%
Paper towel dispenser available	94%
Paper towels available	100%

Results indicated that a number of hand hygiene facilities needed improvement. The results of the audit were fed back to all Administration Managers and a standard specification for a clinical hand wash basin provided.

Recommendations

Although this campaign was perceived to have a positive impact on staff, long lasting improvements in hand hygiene could not be expected as a result of this short project. An ongoing programme of hand hygiene education and audit needs to be evident throughout the tPCT.

Audits of hand hygiene technique were considered to have had a particularly positive impact on staff who took part. Further audits of hand hygiene technique are therefore planned and will now be targeted to the District Nursing Service (a group of staff who have previously not been included in the audit programme).

In order to assess the level of usage of alcohol hand gels, the ICT plan to work in conjunction with the Buying Dept to identify levels of usage within different services / departments. Areas of low usage can then be further targeted for training etc.

Appendix 2

BRENT tPCT INFECTION CONTROL POLICIES

No.	Title	Version 1 Date	Version 2 Date	Current Position
ICC 1	Hand Hygiene Policy	June 1999	April 2004	_____
ICC 2	Decontamination of Equipment Policy	June 1999	April 2004	_____
ICC 3	Policy for the Management of Spillages of Blood and Other Body Fluids	June 1999	Final draft June 2005	<i>Approved by ICC. Awaiting Board ratification</i>
ICC 4	Policy for the Management of an Outbreak of Infection / Communicable Disease	June 1999	Final draft June 2005	<i>Approved by ICC. Awaiting Board ratification</i>
ICC 5	Policy for the Control and Management of MRSA	June 1999		<i>Currently under review</i>
ICC 6	Policy for the Safe Collection, Storage and Transport of Clinical Specimens	June 2000		
ICC 7	Policy for the Management of Patients with Transmissible Spongiform Encephalopathies	June 2000		<i>Currently under review</i>
ICC 8	Blood Borne Viruses and Health Care Workers Policy	December 2000		<i>Currently under review – led by OHD</i>
ICC 9	Policy for Prevention and Management of Accidental Inoculation Injuries	December 2000	April 2005	_____
ICC 10	Policy for Standard / Universal Infection Control Precautions and the Use of Protective Clothing	December 2000		
ICC 11	Laundry Policy	April 2004	_____	_____

ICC 12	Last Offices Policy	April 2004	_____	_____
ICC 13	Policy for the Safe Use of Bench Top Autoclaves	April 2004	_____	_____
ICC	Environmental Cleaning Policy	_____		<i>Being Drafted</i>
ICC	A-Z of Infection/ Communicable Disease and Infection Control	_____		<i>Being Drafted</i>

OTHER RELATED BRENT tPCT POLICIES (with Infection Control input)

Policy	Title	Last version	Current Position
Risk Management	Clinical Waste Policy	July 2001	<i>Currently under review</i>
Nursing	Adult Male & Female Indwelling Urethral Catheterisation Policy	September 2003	
Nursing	Policy for Intermittent Catheterisation of Male and Female Adults & Children	December 2003	
Nursing	Intravenous Therapy Policy		<i>PCT working group established</i>
Nursing	Enteral Feeding Policy	March 2005	
Risk Management	Kitchen & Microwave Policy	2001	<i>Under review (Led by Facilities Dept)</i>
Nursing	Venepuncture Policy	2004	
Risk Management	Legionella policy		<i>Currently being developed by Estates & Facilities Dept</i>

Appendix 3

DECONTAMINATION GROUP Terms of Reference

Purpose

To develop a strategic overview of the decontamination of re-usable medical devices within Brent tPCT, and to advise the PCT on all decontamination issues.

This group will be an amalgamation of the following :

- Brent Decontamination Advisory Group **(existing)**
- Brent Central Sterilising Service Task Group **(existing)**
- North West London Decontamination Project Local Implementation Team Group **(new)**

Aims

- To review all national guidance and controls assurance requirements in relation to decontamination.
- To identify areas of potential risk or non-compliance with national guidance and inform the tPCT.
- To identify, develop and help implement appropriate action plans to improve compliance with national guidance and the tPCTs statutory requirements in relation to decontamination
- To advise on and agree any tPCT policies regarding decontamination.
- To agree and approve the types of equipment purchased for decontamination purposes by the tPCT
- To identify staff training requirements regarding decontamination, devise appropriate training programmes, and evaluate training provided.
- To progress the tendering of central sterilisation services within the tPCT prior to 2007.
- To assist the NWL Decontamination Project Team in preparation for transfer to North West London decontamination arrangements following 2007.

Frequency of meetings

The group will meet at least quarterly. However, additional meetings will be determined by the group's work programme.

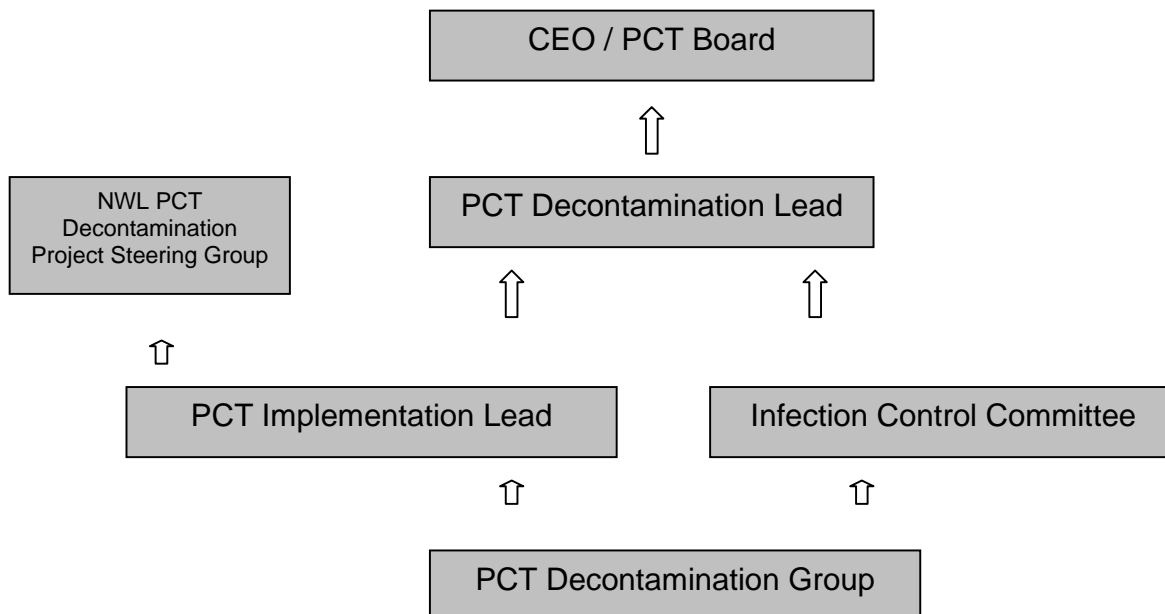
Membership

- tPCT Decontamination Lead
- Brent tPCT Implementation Lead - NWL Decontamination Project
- Senior Infection Control Nurse
- Authorised Person for Decontamination – AVM Sterilisers
- Head of Podiatry

- Practice Nurse Advisor / Facilitator
- Practice Development Manager
- Administration Manager
- Representative of Buying Dept
- Representative of Finance Dept
- Representative of Estates & Facilities Dept.

Co-opted members would include representatives from the Training Department, Local Authority Environmental Health Department, and representatives from other PCTs hosting services within Brent e.g. Community Dental Service hosted by Hammersmith and Fulham PCT.

Accountability



Role Description - tPCT Decontamination Lead :

PCT Decontamination Lead is the tPCT executive delegate for the CEO. They are accountable to the CEO and recommend key outputs related to decontamination and the NWL Decontamination Project to the CEO / PCT Board.

They will support the PCT Implementation Lead for the NWL project by ensuring that he has adequate resources and authority to complete tasks as agreed at the tPCT Steering Group within the agreed timeframes.

The Decontamination Lead should:

- Be accountable for decontamination within the organisation
- Provide a quality assurance role for all data submitted by the tPCT
- Ensure effective two-way communication of the decontamination strategy within the PCT

Role Description – PCT Local Implementation Lead :

- To coordinate the inputs of the North West London Decontamination Project Decontamination Group including data, strategy and internal communications.
- Attend the North West London Decontamination Project PCT Steering Group meetings and carry out agreed actions
- Convene the tPCT Decontamination Group to ensure that the tPCT delivers according to the agreed NWL project milestones and work plan.

They are accountable to the CEO through the tPCT Decontamination Lead.

Decontamination Group Work Plan

The initial work plan of the group over the next several months will include the following :

- To evaluate tenders for the central sterilisation of Podiatry instruments within Brent.
- To make recommendations for award of the Podiatry CSS contract.
- To gather clinical, logistical and technical information to understand the existing and future requirements for other decontamination services in Brent, in particular General Practice.
- Generate alternative options for delivery of a compliant service
- Undertake analysis of the risks associated with each option
- Prepare the output specification to meet Brent services
- Identify the additional instrumentation required for implementation of a centralisation strategy
- Provide information to the NWL Decontamination Project PCT Steering Group regarding particular local issues
- Disseminate information regarding the North West London Decontamination Project to the wider organisation.

Appendix 4

BRENT PCT INFECTION CONTROL ANNUAL WORK PLAN April 2004 – April 2005

The following work plan incorporates action points from both the Controls Assurance Standards for Infection Control and Decontamination of Re-usable Medical Devices, as well as those highlighted by the CMO report “Winning Ways” (December, 2003).

Action Area	Task	Lead	Key Indicators	Timescale	Progress
Infection Control Infrastructure	<ul style="list-style-type: none"> To implement the draft SLA for the Infection Control Doctor 	CCDC / DPH	Operational SLA	30/06/04	Completed
	<ul style="list-style-type: none"> To establish the role of the Director of Infection Prevention and Control within the PCT 	DPH / ICN	ICC minutes / DPH Job Description	30/06/04	Completed
	<ul style="list-style-type: none"> To advance the provision of A&C support for the Infection Control Team (A&C 3 – 0.5 WTE) 	Kingsbury General Manager / ICN	A&C support available	31/03/05	Ongoing
	<ul style="list-style-type: none"> Induction of new ICN 	ICN	Documented induction programme	30/09/04	Completed
	<ul style="list-style-type: none"> To establish a collaborative working relationship with the HPU in respect of Infection Control in non-PCT premises in Brent i.e. care 	CCDC/ HPN / ICN	ICC minutes / minutes of NWL Sector ICN Forum	31/03/05	Ongoing

	homes, schools etc				
	<ul style="list-style-type: none"> • ICC lines of accountability to be reviewed 	DPH / ICC	ICC minutes	30/06/04	Completed
	<ul style="list-style-type: none"> • To review the process for the reporting of serious IC incidents within the PCT and with outside agencies such as the HPA 	ICC / ICN	Agreed updated Outbreak Management Policy in line with new PCT Incident Management Policy	30/09/04	Currently underway
Decontamination of Re-Usable Medical Devices and Equipment	<ul style="list-style-type: none"> • Assist with tendering process for 3 year central sterilising contract 	ICN / Podiatry Lead / Estates Dept / Buying Dept	Operational contract as outlined in the agreed PCT Decontamination Strategy	31/12/04	Currently underway (planned to be operational from Nov' 05)
	<ul style="list-style-type: none"> • Re-instate Decontamination Group (Brent only) and agree key indicators in order to measure performance in decontamination 	ICN	Decontamination Group minutes. Agreed key indicators for decontamination	30/09/04	Completed
	<ul style="list-style-type: none"> • Medical Devices Group to be established as already planned 	Risk Manager	Agreed Terms of Reference & membership. Minutes of the Medical Devices Group	31/09/04	Completed
	<ul style="list-style-type: none"> • Commence implementation of the Podiatry instrument 	ICN / Podiatry Lead	Instrument purchase according to the agreed PCT Decontamination Strategy	30/09/04	Currently underway

	investment programme				
	<ul style="list-style-type: none"> Continue programmed replacement of decontamination equipment in order to facilitate decontamination in accordance with national guidelines Mechanical instrument cleaning equipment to be added to quarterly test and service contract Ensure General Practices are aware of changes to the statutory requirements for on-site sterilisation from 2007, and encourage access to PCT central sterilising contract once operational Decontamination training to be included within core training for clinical staff (including CJD, single-use equipment, cleaning, disinfection and sterilisation) 	ICN	Equipment purchase & audit	Ongoing	Completed
		Estates Dept	Operational service contract. Up to date records for equipment testing	30/09/04	Database updated – costs put forward for budget setting.
		DPH / ICN	Written information to GP's	31/12/04	Postponed until local CSS tendering process further underway
		ICN	Attendance records and training evaluation	30/09/04	Completed
Infection Control	<ul style="list-style-type: none"> To implement a PCT wide 	ICN / ICD	Audit reports and action	31/03/05	

Audit	<p>audit programme with priority given to the following areas :</p> <p>a) Bedded Services</p> <p>b) Decontamination of Equipment</p> <p>c) Hand Hygiene</p> <p>d) Sharps Safety & Hep B immunisation</p> <ul style="list-style-type: none"> Investigate process for future audit of all GP minor surgery / enhanced service applications 	ICN	<p>plans</p> <p>ICC minutes</p>	30/09/04	<p>a) Kingsbury Hospital completed</p> <p>b) Booked for April'05 – Podiatry</p> <p>c) Completed</p> <p>d) Booked for April / May '05</p> <p>Carried over to 2005-6</p>
Infection Control Training	<ul style="list-style-type: none"> <i>Introduction to Infection Control</i> to be commenced as core training for all staff working in clinical areas (non- attending General Practices to be targeted) Infection Control information to be given to all staff at induction Continued provision of training for pre-registration student nurses and for TVU <i>Introduction to Practice Nursing Course</i> 	ICN	Attendance records and training evaluation	30/09/04	Completed
		ICN	Induction booklet	30/06/04	Completed
		ICN	Attendance records and training evaluation	Ongoing	Completed

	<ul style="list-style-type: none"> Awareness campaigns to be carried out i.e. H/H, Sharps Safety 	ICN / ICD	Staff feedback on impact of projects	31/03/05	H/H campaign completed Feb' 05. Sharps planned for summer' 05
Improved Communication with Service Users	<ul style="list-style-type: none"> Investigate Infection Control Link Practitioner Systems 	ICN	Option appraisal & costings available	31/03/05	Completed
	<ul style="list-style-type: none"> Attend multi /uni disciplinary forums across the PCT on a regular basis 	ICN	Minutes of forums	30/09/04	Ongoing
	<ul style="list-style-type: none"> Develop a regular Infection Control Newsletter 	ICN / ICD / ICC	Newsletter produced & disseminated	31/12/04	Being drafted
Infection Control Policy and Guideline Development	<ul style="list-style-type: none"> Eight draft documents that have been approved by the ICC to be ratified by Board / PEC & distributed 	ICN / DPH	8 policies disseminated and available on intranet once ratified	30/06/04	Completed
	<ul style="list-style-type: none"> The following PCT policies to be developed / reviewed : <ul style="list-style-type: none"> a) Policy for the Management of Exposures to Blood & other Body Fluids b) Management of CJD 	ICN / ICC	Policies agreed by ICC, disseminated and available on intranet once ratified	31/03/04	<ul style="list-style-type: none"> a) Agreed by ICC b) Under review

	<ul style="list-style-type: none"> c) Outbreak Policy d) Communicable Disease e) MRSA f) Spillages of Blood & Other Body Fluids g) Specimen Collection, Storage & Transport h) Universal Precautions <ul style="list-style-type: none"> • Development / review of the following nursing policies to receive Infection Control input : <ul style="list-style-type: none"> a) Enteral Feeding b) Management of Intravenous devices c) Clinical Waste 	ICN / ICC	Policies to be agreed by ICC. Infection Control input provided into PCT wide launch of Enteral Feeding Policy	31/03/05	<ul style="list-style-type: none"> c) Agreed by ICC d) Draft e) Under review f) Agreed by ICC g) Under review h) Carried over to 2005-06 <ul style="list-style-type: none"> a) Launched in April'05 b) Working group now established c) Working group being set up for June'05
Infection Control in New Premises	<ul style="list-style-type: none"> • Continued Infection Control input into all new premises & refurbishments • Develop a standard Infection Control checklist for new premises • Continue to work closely with PCTs managing shared services in Brent, regarding environmental issues 	ICN / ICD	Project meeting minutes	Ongoing	Ongoing
		ICN / ICD / ICC	Documented checklist agreed by ICC sand in use by project leads	30/06/04	Draft – ICC agenda Sept'05
		ICN	Agreed specifications & minutes of meetings	Ongoing	Ongoing
Infection	<ul style="list-style-type: none"> • To agree a plan for the 	ICD / ICC	ICC minutes	30/09/04	Ongoing

Surveillance	<p>collection and reporting of surveillance data via NWLH Microbiology Dept.</p> <ul style="list-style-type: none"> Data to be collected and analysed on a 6 monthly basis for : antibiotic resistant organisms and urinary tract infections 	ICD	Data readily available & analysis noted by ICC	31/12/04	Commenced Feb'05
Antibiotic Usage	<ul style="list-style-type: none"> Antibiotic resistance patterns to be reviewed 6 monthly Antibiotic prescribing rates to be reviewed annually To review GP antibiotic formulary (particularly in regards to children, antibiotic prophylaxis etc) Antibiotic prescribing workshops to be organised with GP's 	ICD	Data readily available & analysis minuted by ICC	31/12/04	Due Sept'05
		ICD / PCT (Pharmaceutical Advisors)	Data readily available & analysis minuted by ICC	31/12/04	Due to commence Sept '05
		"	Updated formulary agreed, printed and disseminated	31/03/05	Currently in progress
		"	Attendance records & feedback from staff	31/03/05	S/A

ICN – Infection Control Nurse, ICD – Infection Control Doctor, DPH – Director of Public Health, ICC – Infection Control Committee, CCDC – Consultant in Communicable Disease Control

Appendix 5

**BRENT PCT
INFECTION CONTROL ANNUAL WORK PLAN
June 2005 – June 2006**

Action Area	Task	Lead	Key Indicators	Timescale	Progress
1. Sharps Safety & Prevention of Accidental Inoculation Injuries	<ul style="list-style-type: none"> To carry out audits of sharps safety in all PCT sites 	ICN	Audit report available and results fed back to staff via managers	July 05	
	<ul style="list-style-type: none"> Option appraisal to be carried out for disposal of diabetic sharps within the community 	ICN	Option appraisal to be completed, agreed by ICC and presented to C&CG Committee and Primary Care Directorate	Sept 05	
	<ul style="list-style-type: none"> Review staff sharps safety leaflets in line with newly ratified policy 	OHD	Updated leaflet provided to all PCT staff, GP and GDP staff. Laminated flow charts to be available on each site.	July 05	
	<ul style="list-style-type: none"> Sharps awareness campaign to be held 	OHD / ICN	Campaign report	April 06	
	<ul style="list-style-type: none"> Review quarterly incident reports from Risk Manager in regards to exposure incidents 	ICN / Risk Manager	Notes of ICC	June 05 - ongoing	
2. Decontamination of Re-usable Medical Devices	<ul style="list-style-type: none"> Establish new local Decontamination Group 	ICN	Terms of reference & meeting notes	June 05	
	<ul style="list-style-type: none"> To carry out GP decontamination survey in collaboration with 	SHA Project Team / tPCT	Audit results collated and feedback given	Sept 05	

	<p>NWL SHA Decontamination Team</p> <ul style="list-style-type: none"> To audit Podiatry Service (including local decontamination processes) To progress with tendering of phased Podiatry central sterilising contract Ultra-sonic cleaner maintenance to be established 	<p>Decontamination Grp</p> <p>Head of Podiatry / ICN</p> <p>Decontamination Grp</p> <p>Decontamination Grp</p>	<p>Audit reports and documented feedback to Podiatrists. Action plans agreed.</p> <p>Tendering process completed.</p> <p>Test & service records available</p>	<p>Dec 05</p> <p>Dec 05</p> <p>Sept 05</p>	
<p>3. Clinical Waste Disposal</p>	<ul style="list-style-type: none"> Identify areas of change in legislation with implications for PCT Assist in facilitation of changes in practice Review PCT Clinical Waste Policy & re-distribute / re-launch Assist in provision of training to clinical and non-clinical staff regarding changes 	<p>PCT Waste Advisor / ICC</p> <p>“</p> <p>PCT Waste Advisor / ICN</p> <p>PCT Waste Advisor / ICN</p>	<p>Paper to be produced outlining implications for the tPCT</p> <p>Changes audited</p> <p>Updated Policy ratified and implemented</p> <p>Training records</p>	<p>Sept 05</p> <p>April 06</p> <p>Dec 05</p> <p>Jan 06</p>	
<p>4. Environmental Cleaning</p>	<ul style="list-style-type: none"> Environmental Cleaning Policy to be completed by working group 	<p>Working Group (Admin Managers /</p>	<p>Ratified policy available</p>	<p>Aug 05</p>	

	<ul style="list-style-type: none"> Implementation of Cleaning Policy to be costed Evaluation of the use of steam cleaners within bedded areas to be carried out 	<p>Estates Dept / ICN</p> <p>“</p> <p>ICN / ICD</p>	<p>Full implementation costs established and presented to Primary Care Directorate</p> <p>Environmental microbiological samples</p>	<p>Dec 05</p> <p>April 06</p>	
5. Uniforms / Staff Clothing	<ul style="list-style-type: none"> To plan and implement an audit regarding the appropriate use of uniforms within the PCT Liase with Human Resources Dept to give IC input into staff clothing policy To review colour coding system for protective clothing used by clinical staff to mirror that used for cleaning equipment 	<p>ICN</p> <p>ICN</p> <p>ICN</p>	<p>Audit results and action plan</p> <p>Agreed policy available</p> <p>New colour coding system in use</p>	<p>Dec 05</p> <p>Jan 06</p> <p>Jan 06</p>	
6. General Dental Practice	<ul style="list-style-type: none"> To develop a self audit tool for Infection Control in GDP To consider resource implications for providing a IC service to Brent GDPs 	<p>ICN</p> <p>ICC</p>	<p>Audit tool agreed and disseminated</p> <p>ICC notes</p>	<p>April 05</p> <p>Dec 05</p>	

7. General Practice	<ul style="list-style-type: none"> To consider ways in which to facilitate improvements in IC in General Practice Decontamination survey in General Practice - as above 	ICC / ICN Decontamination Group	ICC notes As above. Advice to General Practices regarding compliance with EEC / MDD 2007.	Dec 05 Sept 05	
8. Staff Training & Infection Control Awareness	<ul style="list-style-type: none"> To implement new training programme Evaluate new structure for training sessions Establish IC information on PCT Intranet (including surveillance data, CD notification data, antibiotic prescribing rates etc) Improve attendance at Infection Control training by all staff groups To plan assessment of efficacy of training provided 	ICN ICN ICN / ICD/ DIPC ICN / L&D Dept ICN	Training records Training evaluation for each session provided Information fully accessible to all staff Identification of non-attending staff / general practices to CSM / PDM. Targeted advertising of IC courses to contracted staff, non-clinical staff and temporary staff Liaison with Audit Dept	June 05 Jan 06 Sept 05 Jan 05 April 06	
9.	<ul style="list-style-type: none"> Podiatry Service 	Head of Podiatry	Audit reports and agreed action	Dec 05	

Infection Control Audit	(including local decontamination processes) - as above	/ ICN	plans		
	• Willesden bedded areas (environment)	ICN	“	Dec 05	
	• Peel Road (environment)	ICN	“	Dec 05	
	• Implementation of new Enteral Feeding Policy	Enteral Feeding Working Group	“	Jan 06	
	• Uniform usage (as above)	ICN	“	Dec 05	
	• Sharps Safety (as above)	OHD / ICN	“	July 05	
	• Hand hygiene technique audits within District Nursing Service	ICN	“	April 06	
10. New Healthcare Premises and Refurbishments	• Draft guidance on Infection Control in new premises in Brent to be approved by ICC & ratified by the Board	ICN	Notes of ICC & Board	Sept 05	
	• Continued advise to be given at all planning stages for new premises & refurbishments	ICN / ICD	Documented advise given	Ongoing	
11. Infection Control	• New Policies to be established :		Polices to be agreed by the ICC, ratified by Board and implemented		

Policy Development / Review	i) Environmental Cleaning	Working Grp	in clinical areas	i) Jan 06	
	ii) Communicable Disease / Isolation	ICN / HPN		ii) Jan 06	
	iii) IV Policy	Working Grp		iii) Mar 06	
	• Existing policies to be reviewed :		Polices to be reviewed & agreed by the ICC, ratified by Board and implemented in clinical areas		
	i) MRSA	Brent & Harrow MRSA Group		i) April 06	
	ii) Clinical Waste	PCT Waste Advisor / ICN		ii) Dec 05	
	iii) Collection and Storage of Specimens	ICN		iii) Dec 05	
	v) CJD	ICN		iv) April 06	
	• To ensure policies recently agreed by ICC are ratified by the Board:		Notes of Board meeting. Policies disseminated and implemented.		
	i) Outbreak Policy	ICC		i) July 05	
ii) Policy for the Management of Spillages of Blood & other Body Fluids	“		ii) July 05		
12. Infection Surveillance	• To agree methods of establishing local MRSA baseline assessment and ongoing surveillance	Brent & Harrow MRSA Grp	Surveillance data available.	Jan 06	

	<ul style="list-style-type: none"> Establish a quarterly HCAI surveillance report to the Board (including rates of multi drug resistant bacteria in Acute & PCT bedded services, incident reports, STI rates, other CD notification data etc) 	ICD / DIPC	Quarterly reports provided to the Board	Sept 05	
13. Immunisation & Communicable Disease	<ul style="list-style-type: none"> To establish a system of reporting communicable disease notification data from NWL HPU to the PCT 	CCDC / HPN / DIPC	Reports available to PCT	Dec 05	
14. Antibiotic Prescribing	<ul style="list-style-type: none"> To establish a quarterly reporting system for antibiotic usage to the ICC & DIPC by the PCT Prescribing Advisors To work in collaborative manner with Prescribing Advisors to review antibiotic prescribing levels and assist in ensuring prescribing targets met Brent Antibiotic Formulary to be completed, agreed, ratified and disseminated 	<p>Prescribing Advisors</p> <p>ICC / ICD / Pharmaceutical Advisors</p> <p>ICD/ Pharmaceutical Advisors</p>	<p>ICC notes</p> <p>ICC notes</p> <p>Formulary ratified and disseminated. GP workshops arranged</p>	<p>Sept 05</p> <p>Sept 05</p> <p>Dec 05</p>	

15. Infection Control Structure	<ul style="list-style-type: none"> To recruit to vacant ICN post 	ICN	Post filled and new staff member inducted	Dec 05	
	<ul style="list-style-type: none"> SLA for microbiological services to the tPCT 	DIPC	SLA agreed and signed	Sept 05	
	<ul style="list-style-type: none"> Microbiology laboratory services used by tPCT to be CPA accredited or Standard Operational Procedures to be provided. 	ICN / DIPC	To obtain SOPs from NWLHT Microbiology Dept if no CPA accreditation	Sept 05	